Subject: Studies in the News: (September 30, 2010)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

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AGING AND MENTAL ILLNESS

"An Adult Protective Services' View of Collaboration with Mental Health Services." By Pamela B. Teaster, University of Kentucky, and others. IN: Journal of Elder Abuse & Neglect, vol. 21, no. 4 (October-December 2009) pp. 289-306.

["***Mental*** Health Services (MHS) meet ***mental*** health needs of older adults through active, outpatient, community-based care. Adult Protective Services (APS) are involved with needs of older adults who have ***mental*** disability and ***mental illness***. Adult Protective Services and MHS staff may to work together when they respond to the needs of victims and adults at risk for abuse, neglect, self-neglect, and exploitation. The purpose of this study was to understand effective APS-MHS collaborations (e.g., leadership, organizational culture, administration, and resources in predicting success). A survey that was sent to members of the National Adult Protective Services Association (NAPSA) revealed that both APS and MHS have strong commitments to protecting clients' rights and autonomy, but there appear to be differences between the two with regard to implementation, apparent in cases involving clients with diminished ***mental*** capacity who are at imminent risk, but who refuse help. Strengths of APS-MHS collaborations included improved communication and better service for at-risk clients."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=44620540&site=ehost-live

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ANTIPSYCHOTICS

"Antipsychotic Drugs for First Episode Schizophrenia." By Kayvon Salimi, University of North Carolina at Chapel Hill, and others. IN: CNS Drugs, vol. 23, no. 10 (2009) pp. 837-855.

["Increasingly, it is recognized that first-episode schizophrenia represents a critical stage of illness during which the effectiveness of therapeutic interventions can affect long-term outcome. In this regard, the advent of clozapine and subsequent atypical ***antipsychotic*** drugs held promise for improved outcomes in patients with first-episode schizophrenia, given the expectation of improved therapeutic efficacy and a more benign side effect burden compared with typical ***antipsychotic*** drugs. A growing number of large clinical trials have evaluated the merits of atypical ***antipsychotic*** drugs in the early stages of psychosis. A number of conclusions can be drawn from studies completed to date, with the caveat that data are either limited or unavailable for the ***antipsychotic*** drugs most recently approved by the US FDA. Studies of atypical ***antipsychotic*** drugs support data obtained with typical agents indicating that positive symptoms of psychosis are very treatment responsive and generally at lower doses than in chronic illness. It also appears that first-episode patients tend to stay on atypical ***antipsychotic*** drugs longer than on typical agents when all-cause discontinuation criteria are considered as the primary

outcome measure. However, there are few differential advantages of clinical efficacy among the individual atypical ***antipsychotic*** drugs and there is little evidence to support distinct therapeutic advantages for negative symptoms or cognitive symptoms for atypical agents."]

Full text at:
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"A Sixty-four Week, Multicenter, Open Label Study of Aripiprazole Effectiveness in the Management of Patients with Schizophrenia or Schizoaffective Disorder in a General Psychiatric Outpatient Setting." By Ming-Hong Hsieh, Chung Shan Medical University, Taiwan, and others. IN: Annals of General Psychiatry, vol. 9, no. 35 (September 17, 2010) pp. 1-28.

["**Objective:** To evaluate the overall long-term effectiveness of aripiprazole in patients with schizophrenia in a general psychiatric practice setting in Taiwan.
Methods
This was a prospective, open-label, multicenter, post-market surveillance study in Taiwanese patients with a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of schizophrenia or schizoaffective disorder requiring a switch in antipsychotic medication because current medication was not well tolerated and/or clinical symptoms were not well controlled. Eligible patients were titrated to aripiprazole (5-30 mg/day) over a 12-week switching phase, during which their previous medication was discontinued. Patients could then enter a 52-week, long-term treatment phase. Aripiprazole was flexibly dosed (5-30 mg/day) at the discretion of the treating physicians. Efficacy was assessed using the Clinical Global Impression scale Improvement (CGI-I) score, the Clinical Global Impression scale Severity (CGI-S) score, The Brief Psychiatry Rating Scale (BPRS), and the Quality of Life (QOL) scale, as well as Preference of Medicine (POM) ratings by patients and caregivers. Safety and tolerability were also assessed.
Results
A total of 245 patients were enrolled and switched from their prior antipsychotic medications, and 153 patients entered the 52-week extension phase. In all, 79 patients (32.2%) completed the study. At week 64, the mean CGI-I score was 3.10 and 64.6% of patients who showed response. Compared to baseline, scores of CGI-S, QOL, and BPRS after 64 weeks of treatment also showed significant improvements. At week 12, 65.4% of subjects and 58.9% of caregivers rated aripiprazole as better than the prestudy medication on the POM. The most frequently reported adverse events (AEs) were headache, auditory hallucinations and insomnia. A total of 13 patients (5.3%) discontinued treatment due to AEs. No statistically significant changes were noted with respect to fasting plasma glucose, lipid profile, body weight, and body mass index after long-term treatment with aripiprazole.
Conclusions

Although the discontinuation rate was high, aripiprazole was found to be effective, safe and well tolerated in the long-term treatment of Taiwanese patients with schizophrenia who continued to receive treatment for 64 weeks."]

Full text at:
http://www.annals-general-psychiatry.com/content/pdf/1744-859x-9-35.pdf

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"Multiple Psychiatric Diagnoses Common in Privately Insured Children on Atypical Antipsychotics." By Donna R. Halloran and others, St. Louis University. IN: Clinical Pediatrics, vol. 49, no. 9 (May 2010) pp.485-490.

["Objective. To evaluate the prevalence of atypical antipsychotic use in privately insured ***children*** and the diagnoses associated with treatment. Study design. Claims were used to conduct a retrospective cohort study of ***children*** aged 2 through 18 years in the Midwest, covered by private insurance between 2002 and 2005 (n = 172 766). The 1-year prevalence of ***children*** receiving atypical antipsychotics was determined along with associated diagnoses. Results. The 1-year prevalence of atypical antipsychotics ranged from 7.9 per 1000 in 2002 to 9.0 in 2005. The leading diagnoses were disruptive behavior disorders (67%), mood disorders (65%), and anxiety disorders (43%). The authors found that 75% of ***children*** on atypical antipsychotics had more than one psychiatric diagnosis. Conclusions. Atypical antipsychotic use is primarily seen in ***children*** who have multiple psychiatric diagnoses. Studies are needed to assess the long-term safety and effectiveness in such patients with multiple diagnoses."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=51196812&site=ehost-live

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CHILDREN AND ADOLESCENTS

Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve. By Tracy Vericker and others, The Urban Institute. Brief One. (The Institute, Washington, D.C.) August 2010. 10 p.

["Depression in parents poses serious risks to millions of children in the United States each day, yet very often goes undetected and untreated. The risk can be very great for babies and toddlers, who are completely dependent on their parents for nurturing, stimulation, and care—and for poor families that do not have the resources to cope with depression. But depression is treatable and opportunities to reach these families and connect them to help already exist within multiple systems. In this brief, we take a first-time national look at the characteristics, access to services, and parenting approaches for

infants living in poverty whose mothers are depressed (we focus on mothers as they are often the primary caregivers). We also identify current service systems that could intervene and help depressed mothers find support."]

Full text at:
http://www.urban.org/UploadedPDF/412199-infants-of-depressed.pdf

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COMMUNITY HEALTH CARE

"Implementing Assertive Community Treatment in Diverse Settings for People who are Homeless with Co-Occurring Mental and Addictive Disorders: A Series of Case Studies." By Steven Neumiller, Inland Northwest Proposal Development, and others. IN: Journal of Dual Diagnosis, vol. 5, no. 3-4 (July-December 2009) pp. 239-263.

["The Assertive Community Treatment model (ACT) was developed more than 30 years ago to treat individuals with serious and persistent ***mental illness***. This qualitative study highlights practical challenges encountered when establishing ACT teams in diverse settings serving people who are ***homeless*** with co-occurring ***mental*** and addictive disorders (COD). Program administrators and evaluators from nine programs located in seven states completed a survey on implementation challenges, fidelity, modifications to the ACT model, and program successes. Challenges encountered related largely to staffing and funding limitations as well as to difficulties with implementing the ACT model without modifications. Several modifications to the model were believed beneficial to recruiting and retaining consumers. These included emphasizing housing, adding staff positions not prescribed by ACT, implementing mini-teams within the program, delivering in-office services in a group format, and placing time-limited services by transitioning consumers to less intensive settings. Successes included reduction in hospitalizations, psychiatric symptoms, and substance abuse. Stabilization of consumers was attributed largely to housing assistance and maintenance; medication adherence; and delivery of intensive, multidisciplinary services including substance abuse treatment. Implications of this study suggest the need to adapt the ACT model for people who are ***homeless*** with COD by tailoring program staffing and service delivery. Furthermore, there is a need for a measure capable of assessing ACT fidelity in the context of both housing models and integrated treatment for the ***homeless*** population."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=45222253&site=ehost-live

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"Staff and Consumer Perspectives on Defining Treatment Success and Failure in Assertive Community Treatment." By Laura G. Stull and others. Indiana

University-Purdue University at Indianapolis. Indianapolis, Indiana. IN: Psychiatric Services, vol.61, no. 9 (September 2010) pp. 929-932.

["Although assertive community treatment (ACT) has been consistently recognized as effective, there has been little research as to what constitutes success in ACT. The purpose of this study was to understand how ACT consumers and staff define treatment success and failure and to examine whether definitions varied between staff and consumers. *Methods:* Investigators conducted semistructured interviews with 25 staff and 23 consumers from four ACT teams. *Results:* Across perspectives, success and failure were most clearly related to consumer factors. Other themes included having basic needs met, being socially involved, and taking medications. Reduced hospitalizations were mentioned infrequently. Consumers were more likely than staff to identify the level or type of treatment as defining success and failure, whereas staff were more likely than consumers to discuss substance abuse when defining failure and improved symptoms when defining success. *Conclusions: Success in ACT should be viewed more broadly than reduced hospitalizations and include domains such as social involvement."]*

Full text at:
http://psychservices.psychiatryonline.org/cgi/reprint/61/9/929

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DEPRESSION

"Improving Responses to Depression and Related Disorders: Evaluation of an Innovative, General, Mental Health Care Workers Training Program." By Annette L. Graham and others, Monash University, Australian. IN: International Journal of Mental Health Systems, vol. 4, no. 25 (September 8, 2010) pp. 1-39.

["Australian General Practitioners have been beneficiaries of extensive training in mental health care delivery over the last few years but less so other workers who support those with mental illness. Training is needed as it is widely recognised that the most effective interventions to prevent and treat mental disorders are often not readily available. The Mental Health Aptitudes into Practice (MAP) training package is a broad, innovative, interdisciplinary, general mental health training aimed at improving responses to individuals with depression and related disorders. The modular structure of this training program meant that such training could be targeted at those with varied backgrounds. Two hundred and seventy one days of free MAP training was delivered across Victoria in 2004/2005. The evaluation reported here assessed whether changes occurred in the trainees' confidence, mental health literacy, attitudes towards effective treatments, mental health knowledge and skills and community mental health ideology following training….

Results

Following training, participants had more confidence in their ability to work with those who have mental health issues and less desire for social distance from them. Participants' knowledge and skills in relation to the treatment of mental disorders increased. These changes were observed immediately after training. The limited existing evidence suggests these changes were sustained six and twelve months later.

Conclusions
MAP training can be used to develop the capacity and capabilities of mental health workers."]

Full text at:
http://www.ijmhs.com/content/pdf/1752-4458-4-25.pdf

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HEALTH LITERACY

"New Directions in Research on Public Health and Health Literacy." By Cynthia Baur, Centers for Disease Control and Prevention. IN: Journal of Health Communication, vol. 15, no. 1 (September 15, 2010) pp. 42-50.

["Numerous calls for a public health approach to health literacy and visions of a health literate society have appeared in recent years. Yet, many gaps in what we know about and do to improve health literacy remain. Major developments at the national level in the last decade help define the role of health literacy in creating better public health and have set the stage for new investigations in public health and health literacy. Four frameworks are examined for their usefulness in posing new questions about public health and health literacy: Healthy People, the Ten Essential Public Health Functions, health promotion, and health disparities. Each of the frameworks generates questions and uses methods that can produce new findings about health literacy. Using the frameworks will open new investigations into population health and health literacy improvement at multiple levels."]

Full text at:
http://pdfserve.informaworld.com/581507__926962090.pdf

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HOMELESSNESS

"Housing Policies for Persons with Severe Mental Illness." By Sandra Newman, Johns Hopkins University, and Howard Goldman, University of Maryland School of Medicine. IN: Policy Studies Journal, vol. 37, no. 2 (2009) pp. 299-324.

["Homelessness among persons with severe ***mental illness*** is a visible manifestation of deeply flawed public policies. This article critically assesses research to date on housing and related policies for the ***homeless*** mentally ill and recommends that future research target three strategic areas: (i) housing subsidies; (ii) landlord reluctance to rent to persons with ***mental illness***, thereby solving one of their major problems in accessing housing; and (iii) appropriate housing and service mix for this heterogeneous population; that is, answering the longstanding threshold policy question of what housing and service mixes work best and for whom."]

Full text at:

http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=38417668&site=ehost-live

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INTEGRATED HEALTH CARE

"Developing an Integrated Primary Care Practice: Strategies, Techniques, and a Case Illustration." By Barbara B. Walker, Indiana University, and Charlotte A. Collins, Geisinger Medical Center. IN: Journal of Clinical Psychology, vol. 65, no. 3 (March 2009) pp. 268-280.

["Numerous studies have now demonstrated that integrating behavioral ***health*** and medical ***care*** can reduce medical costs, improve patient and provider satisfaction, and enhance clinical outcomes. Given this, one might expect that behavioral ***health*** programs would be fully ***integrated*** into primary ***care*** clinics across the country, but in fact ***integrated*** primary ***care*** programs remain quite rare. One reason for this discrepancy is that implementing such programs has proven to be extraordinarily challenging. Most of the ***integrated*** programs that are currently operating successfully are in settings where professionals are all members of the same ***health care*** system (e.g., HMOs, the Veterans Administration, Departments of Family Practice, etc.). Many providers, however, are in communities where various services are provided in different locations from different organizations that have very different clinical, administrative, and financial structures. In these situations, the challenges are even greater. The authors describe a set of strategies and techniques providers can use to move their ***health care*** system toward a higher level of integration and illustrate how they applied these steps to develop and assess the impact of an ***integrated*** primary ***care*** program in the state of Rhode Island."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=36341680&site=ehost-live

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"St Louis Initiative for Integrated Care Excellence (SLI²CE): Integrated Collaborative Care on a Large Scale." By Peter A. Brawer, St. Louis VA Medical Center and others. IN: Families, Systems & Health, vol. 28, no.2 (June 2010) pp.175-187.

["The primary ***care health*** setting is in crisis. Increasing demand for services, with dwindling numbers of providers, has resulted in decreased access and decreased satisfaction for both patients and providers. Moreover, the overwhelming majority of primary ***care*** visits are for behavioral and mental ***health*** concerns rather than issues of a purely medical etiology. ***Integrated***-collaborative models of ***health care*** delivery offer possible solutions to this crisis. The purpose of this article is to review the existing data available after 2 years of the St. Louis Initiative for ***Integrated Care*** Excellence; an example of ***integrated***-collaborative ***care*** on a large scale model within a regional Veterans Affairs ***Health Care*** System. There is clear evidence that the SLI²CE initiative

rather dramatically increased access to ***health care***, and modified primary ***care*** practitioners' willingness to address mental ***health*** issues within the primary ***care*** setting. In addition, data suggests strong fidelity to a model of ***integrated***-collaborative ***care*** which has been successful in the past. ***Integrated***-collaborative ***care*** offers unique advantages to the traditional view and practice of medical ***care***. Through careful implementation and practice, success is possible on a large scale model."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=fsh-28-2-175&site=ehost-live

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POLICY

"Does Evidence-Based Practice Influence State Legislators' Decision-Making Process? An Exploratory Study. By Gerald Cochran and others, University of Texas-Austin. IN: Journal of Policy Practice, vol. 9, no. 3-4 (2010) pp. 263-283.

["The influence of evidence-based practices on public policy has been deemed essential in scholarly literature and governmental human services. However, the impact of research on legislative decision making for state human service policy remains unknown. This article reports interview results with Texas state legislators and provides educators and practitioners with recommendations for impacting state policy." **NOTE: If you would like a hard copy of this article, please contact the California State Library.**]

"Experiences of consumers with mental Illnesses and their families during and after incarceration in county jails: Lessons for Policy change." By Melissa R. Floyd, University of North Carolina Greensboro, and others. IN: Journal of Policy Practice, vol. 9, no. 1 (2010) pp. 54-64.

["This study aimed to explore the experiences of people with mental illnesses and their collaterals in the jails of North Carolina. Participants were interviewed by study personnel using semi-structured interviews. Study recommendations that emerged for changes to increase the care that inmates with mental illnesses receive included (1) conceptualizing care at all stages of incarceration process; (2) involving family when possible, reworking privacy procedures; and (3) increasing skills for working with treatment-resistant populations throughout the process. As part of a sister study, the authors were successful in stimulating policy change at the state level and describe the process." **NOTE: A hard copy of this article may be requested from the California State Library**.]

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RURAL HEALTH

"Improving the Skills of Rural and Remote Generalists to Manage Mental Health Emergencies." By Isabelle K. Ellis, University of Western Australia, and Tina

Phillip, Royal College of Nursing, Australia. IN: Rural and Remote Health, vol. 10, no. 1503 (September 21 2010) pp. 1-6.

["People living in rural and remote areas have been found to suffer higher rates of mental illness and psychological distress than their urban counterparts. However, rural and remote Australians also suffer from a lack of specialist mental health services. Mental health consumers are concerned about the lack of access to specialist mental health care and report poor service quality and stigmatizing staff attitudes when presenting with mental health emergencies at acute care facilities. Standards for the Mental Health Workforce released in 2002 promote respect for the individual, their family and carers; best practice in the assessment, early detection and management of acute illness; promotion of mental health and safety; and the prevention of relapse. These standards are for generalists providing care to mentally ill patients; their family and carers in the acute care setting; as well as specialist mental health professionals….

A short course, 'Managing Mental Health Emergencies' was developed by the Australian Rural Nurses and Midwives in 2002. Almost 750 participants had completed the course at the time of the evaluation. The objectives of the course were to: develop an increased knowledge of mental health presentations and gain confidence in managing and assessing mental health clients; gain an understanding of the referral processes in the local environment; gain an insight into the impact of mental health emergencies on individuals, their family and carers; and identify strategies to minimise the impact of managing mental health emergencies on the healthcare team….

The pre- and post-survey identified that, as a result of the course, participants had improved confidence in seeking information about suicide ideation, were significantly more able to differentiate between substance intoxication and psychosis (χ^2[df=1, n=619] =140.9, p<.000); and between dementia and delirium (χ^2[df=3, n=619] =126.5, p<.000)….Many participants reported putting their new skills into practice and reported better recognition of non-verbal cues and better information seeking from family members, past history and police. The Managing Mental Health Emergencies course is a valuable addition to the emergency courses available to rural and remote healthcare providers."]

Full text at:
http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=1503

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SUBSTANCE ABUSE

Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007. By Pamela L. Owens and others, Healthcare Cost and Utilization Project (HCUP). Statistical Brief #2. (HCUP, Rockville, Maryland) July 2010. 12 p.

[" An estimated one in three individuals has suffered from a mental health or substance abuse condition within the last 12 months, yet the community treatment system to support

services for these individuals is regarded as ineffective. This is particularly evident in emergency department (ED) utilization. The number of patients with mental health and substance abuse (MHSA) conditions treated in EDs has been on the rise for more than a decade. Not only is this of concern to members of the mental health community, but also to the members of the emergency medicine community who are concerned that ED overcrowding results in decreased quality of care and increased likelihood of medical error. As a specific example, a 2008 American College of Emergency Physicians' ED directors' survey reported that patients with MHSA conditions not only have had increased ED boarding times, but also that the resource-intensive care required for these patients has an impact on the quality of care for all other patients in the ED."]

Full text at:
http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf

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SUICIDE PREVENTION

"An Outcome Evaluation of the Sources of Strength Suicide Prevention Program Delivered by Adolescent Peer Leaders in High Schools." By Peter A. Wyman, University of Rochester, and others. IN: American Journal of Public Health, vol. 100, no. 9 (September 2010) pp. 1653-1661.

["We examined the effectiveness of the Sources of Strength suicide prevention program in enhancing protective factors among peer leaders trained to conduct school wide messaging and among the full population of high school students. Methods. Eighteen high schools--6 metropolitan and 12 rural--were randomly assigned to immediate intervention or the wait-list control. Surveys were administered at baseline and 4 months after program implementation to 453 peer leaders in all schools and to 2675 students selected as representative of the 12 rural schools. Results. Training improved the peer leaders' adaptive norms regarding suicide, their connectedness to adults, and their school engagement, with the largest gains for those entering with the least adaptive norms. Trained peer leaders in larger schools were 4 times as likely as were untrained peer leaders to refer a suicidal friend to an adult. Among students, the intervention increased perceptions of adult support for suicidal youths and the acceptability of seeking help. Perception of adult support increased most in students with a history of suicidal ideation. Conclusions. Sources of Strength is the first suicide prevention program involving peer leaders to enhance protective factors associated with reducing suicide at the school population level."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=53737585&site=ehost-live

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"Asthma and Suicide Mortality in Young People: A 12-year Follow-up Study." By Chian-Jue Kuo, National Taiwan University, and others. IN: American Journal of Psychiatry, vol. 167, no. 9 (September 2010) pp. 1092-1099.

["Mortality risk is relatively high in young people with asthma, and the risk may include causes of death other than those directly linked to respiratory disease. The authors investigated the association between asthma and suicide mortality in a large population-based cohort of young people.
Method: A total of 162,766 high school students 11 to 16 years of age living in a catchment area in Taiwan from October 1995 to June 1996 were enrolled in a study of asthma and allergy. Each student and his or her parents completed structured questionnaires. Participants were classified into three groups at baseline: current asthma (symptoms present in the past year), previous asthma (history of asthma but no symptoms in the past year), and no asthma. Participants were followed to December 2007 by record linkage to the national Death Certification System. Cox proportional hazards models were used to study the association between asthma and cause of death.
Results: The incidence rate of suicide mortality in participants with current asthma at baseline was more than twice that of those without asthma (11.0 compared with 4.3 per 100,000 person-years), but there was no significant difference in the incidence of natural deaths. The adjusted hazard ratio for suicide was 2.26 (95% CI=1.43–3.58) in the current asthma group and 1.76 (95% CI=0.90–3.43) in the previous asthma group. Having a greater number of asthma symptoms at baseline was associated with a higher risk of subsequent suicide. The population attributable fraction was 7.0%.
Conclusions: These results highlight evidence of excess suicide mortality in young people with asthma. There is a need to improve mental health care for young people, particularly those with more severe and persistent asthma symptoms."]

Full text at:
http://ajp.psychiatryonline.org/cgi/reprint/167/9/1092

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TRAUMATIC BRAIN INJURY

Fact Sheet: Traumatic Brain Injury. By National Public Radio (NPR) (September 8, 2010) 3 p.

["Traumatic brain injury, or TBI, is a sudden trauma to the brain caused by force. A severe TBI can leave a person almost incapable of functioning. But even a mild TBI — a concussion — can lead to a range of debilitating symptoms: headaches, balance problems, hearing problems, lack of self-control, mood changes, ringing in the ears, problems sleeping and memory loss. While most people recover from a mild TBI, it can take months, even years."]

Full text at:
http://www.npr.org/templates/story/story.php?storyId=129726135

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"Traumatic Brain Injury: - Football, Warfare and Long-Term Effects." By Steven D. DeKosky, University of Pittsburg School of Medicine, and others. IN: The New England Journal of Medicine, vol. 10 (September 23, 2010) pp. 1-4.

["In late July, the National Football League introduced a new poster to be hung in league locker rooms, warning players of possible long-term health effects of concussions. Public awareness of the pathological consequences of traumatic brain injury has been elevated not only by the recognition of the potential clinical significance of repetitive head injuries in such high-contact sports as American football and boxing, but also by the prevalence of vehicular crashes and efforts to improve passenger safety features, and by modern warfare, especially blast injuries. Each year, more than 1.5 million Americans sustain mild traumatic brain injuries with no loss of consciousness and no need for hospitalization; an equal number sustain injuries sufficient to impair consciousness but insufficiently severe to necessitate long term institutionalization."]

Full text at:
http://www.nejm.org/doi/pdf/10.1056/NEJMp1007051

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VETERANS

Female *veterans* of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male *veterans* and female war zone *veterans* of previous eras. By Alan Fontana, VA Connecticut Health Care System, and others. IN: Journal of Women's Health, vol.19, no.4 (April 2010) pp. 751-757.

["Background: Differences in the characteristics and ***mental*** health needs of female ***veterans*** of the Iraq/Afghanistan war compared with those of ***veterans*** of other wars may have useful implications for VA program and treatment planning. Methods: Female ***veterans*** reporting service in the Iraq/Afghanistan war were compared with women reporting service in the Persian Gulf and Vietnam wars and to men reporting service in the Iraq/Afghanistan war. Subjects were drawn from VA administrative data on ***veterans*** who sought outpatient treatment from specialized posttraumatic stress disorder (PTSD) treatment programs. A series of analyses of covariance (ANCOVA) was used to control for program site and age. Results: In general, Iraq/Afghanistan and Persian Gulf women had less severe psychopathology and more social supports than did Vietnam women. In turn, Iraq/Afghanistan women had less severe psychopathology than Persian Gulf women and were exposed to less sexual and noncombat nonsexual trauma than their Persian Gulf counterparts. Notable differences were also found between female and male ***veterans*** of the Iraq/Afghanistan war. Women had fewer interpersonal and economic supports, had greater exposure to different types of trauma, and had different levels of diverse types of pathology than their male counterparts. Conclusions: There appear to be sufficient

differences within women reporting service in different war eras and between women and men receiving treatment in VA specialized treatment programs for PTSD that consideration should be given to program planning and design efforts that address these differences in every program treating female ***veterans*** reporting war zone service."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2010-08585-013&site=ehost-live

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"The Relationship between Military Service Eras and Psychosocial Treatment Needs among Homeless Veterans with a Co-occurring Substance Abuse and Mental Health Disorder." By Anna Kline, New Jersey Department of Veterans Affairs, and others. IN: Journal of Dual Diagnosis, vol. 5, no. 3-4 (July – December 2009) pp. 357-374.

["This article will examine baseline assessment data from consecutive admissions to the MISSION Program, a transitional case management program for ***homeless*** veterans, to better understand the differences across military service eras that impact the psychosocial treatment needs of ***homeless***, mentally ill, substance-abusing veterans. In all, 373 ***homeless*** veterans with a co-occurring ***mental illness*** and substance abuse disorder received the Structured Clinical Interview for DSM-IV Diagnosis, a modified Addiction Severity Index, the BASIS-32, and a comprehensive assessment battery focusing on other psychosocial treatment needs. Chi-square analysis and ANOVA were used to measure differences in ***mental*** health, substance use, physical health status, and homelessness across service eras, broken down by Vietnam era, post-Vietnam era, and Persian Gulf/Middle East era. Persian Gulf/Middle East era veterans were significantly more likely to have ***mental*** health problems than other veteran cohorts, especially problems with post-traumatic stress disorder ($p \leq .001$), and reported more days of ***mental*** health problems in the last month ($p = .01$). Mideast veterans also became ***homeless*** at a significantly earlier age than other veterans ($p \leq .001$), were more likely to report housing instability in their families of origin ($p \leq .05$) and to attribute their homelessness to ***mental*** health problems ($p = .01$). Service providers need to be aware of the diversity of ***homeless*** veterans' service needs by period of military service in order to develop well-targeted, effective interventions."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=45222263&site=ehost-live

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NON PROFIT RESOURCE CENTER-GRANT WRITING

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More information about grant-writing at:
http://www.nprcenter.org/

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CONFERENCES, MEETINGS AND SEMINARS

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15th Annual Conference on Advancing School Mental Health

October 7-9 2010
Hyatt Regency Hotel
Albuquerque, New Mexico

["The 15th Annual Conference on Advancing School Mental Health will be held in Albuquerque, New Mexico at the Hyatt Regency Hotel. The Conference is the nation's premiere school mental health conference and offers numerous opportunities to network and learn more about best practice in school mental health. The theme for this conference will be "School Mental Health and Promoting Positive School Culture."]

For more information:
http://csmh.umaryland.edu/conf_meet/AnnualConference/index.html

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The Emerging Neuroscience of Autism Spectrum Disorders

San Diego, California
November 11 and 12, 2010

[This meeting will review current knowledge about the molecular and cellular basis of autism spectrum disorders (ASDs). ASDs, which include autism, Asperger syndrome, Rett syndrome, and pervasive developmental disorder – not otherwise specified, typically

present with social and language deficits, in addition to proscribed interests and/or stereotyped behaviors. Behavioral interventions remain the first-line treatment for ASDs and can ameliorate symptoms in some individuals. Molecular genetic approaches have begun to identify chromosomal abnormalities and smaller genetic variants that confer high risk for ASDs. These abnormalities can be explored in model systems and are leading to novel rational therapies. Concurrent studies in patients are identifying systems-level changes that implicate neuronal pathways related to specific symptoms of the ASDs. Leading world experts will review all aspects of current research including the possible causes and current treatments of ASDs at this two-day meeting."]

For more information:
http://www.brainresearch2010.com/

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American Society of Criminology
Crime and Social Institutions

San Francisco, California
November 17-20, 2010

"The 2010 meeting will take place **November 17-20, 2010 in San Francisco, California** at the San Francisco Marriott Marquis Hotel. The theme for the meeting is *Crime and Social Institutions.* The American Society of Criminology is an international organization whose members pursue scholarly, scientific, and professional knowledge concerning the measurement, etiology, consequences, prevention, control, and treatment of crime and delinquency."

For more information:
http://www.asc41.com/annualmeeting.htm

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2nd Conference on Positive Aging
An Interdisciplinary Team Approach for Health Professionals

Vancouver, BC, Canada
November 26, & 27, 2010

["The aim of the 2nd national conference on positive aging is to bring together an interdisciplinary audience of health professionals and researchers to address some of the issues and challenges facing the aging population today. Hear about the most current research findings from leading experts, learn how research can be translated into practice, and discover useable resources to promote healthier, more positive living for Canada's

older adult population. The importance of purpose and meaning of the later life as well as lessons for health and longevity will be emphasized.
The conference will provide informative lectures, discussions, workshops, poster sessions and ample networking opportunities. A highlight of this conference will be to hear from the Older Adults."]

For more information:
http://www.interprofessional.ubc.ca/Positive_Aging_2010.html

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ZERO TO THREE's 25th National Training Institute (NTI) Connecting *Science, Policy and Practice*

December 9–11, 2010 (Pre-Institute December 8)
JW Marriott Desert Ridge Resort and Spa, Phoenix, AZ

["Every year, ZERO TO THREE provides an opportunity for professionals to enhance their knowledge about early childhood development through our National Training Institute (NTI). The NTI is the most comprehensive multidisciplinary conference in the infant-family field, focusing on cutting-edge research, best practices, and policy issues for infants, toddlers, and families."]

For more information:
http://www.zttnticonference.org/

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